


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48194** (7)
1. Corporation Name
LAKESIDE OAKS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 36450 SHADY OAKS DRIVE DADE CITY FL 33525-8544 US		Mailing Address 36450 SHADY OAKS DRIVE DADE CITY FL 33525 US		3. Date Incorporated or Qualified 04/02/1992	
				4. FEI Number NOT APPLICABLE	
2. Principal Place of Business 21 36451 Oleander Lane Suite, Apt. #, etc. 22 36451 City & State 23 DADE CITY, Florida Zip 24 33525		2a. Mailing Address 25 36451 Oleander Lane Suite, Apt. #, etc. 26 36451 City & State 27 DADE CITY, Florida Zip 28 33525 Country 29 U. S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HORN, CLARENCE 36450 SHADY OAKS DRIVE DADE CITY FL 33525-8544		10. Name and Address of New Registered Agent 81 Name Vera H. Johnson 82 Street Address (P.O. Box Number is Not Acceptable) 36451 Oleander Lane 83 84 City DADE CITY FL 85 Zip Code 33525	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE Vera Johnson DATE 3/1/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, CLARENCE	1.2 NAME	Vera Johnson, Vera
STREET ADDRESS	36450 SHADY OAKS DR.	1.3 STREET ADDRESS	36451 Oleander Lane
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	DADE CITY, Fla 33525
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLMAN, IRVING R	2.2 NAME	
STREET ADDRESS	36305 SHADY OAKS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JERRY	3.2 NAME	BALLARD, EUNICE
STREET ADDRESS	3632 LAUREL LANE	3.3 STREET ADDRESS	36341 SHADY OAKS DR
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, VERA	4.2 NAME	BAILEY, GLENN
STREET ADDRESS	36451 OLEANDER LANE	4.3 STREET ADDRESS	36423 SHADY OAKS DR
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, CHRISTINE	5.2 NAME	
STREET ADDRESS	36422 LAUREL LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vera H. Johnson DATE 3/2/98 (332) 567-7923
Signature and typed or printed name of signing officer or director Daytime Phone # 0046476

CP2E037 (10/97)